



# INDIANA DEPARTMENT OF REVENUE

P.O. BOX 901

INDIANAPOLIS, IN 46206-0901

This form must be submitted 30 days prior to:

- a) the expiration of your current license or,
- b) the date you begin your business

You may not do business without your certificate.

FOR OFFICE ONLY									
OTP									

## APPLICATION FOR OTHER TOBACCO PRODUCTS DISTRIBUTOR'S LICENSE

Renewal

☐

New Certificate

☐

Applicant's Name - Enter individual's, partnership's, or corporation's name				Federal ID Number					
Business/Trade Name (if different than above)		Telephone Number		Owner's Social Security #					
Mailing Address (Street or P.O. Box Number)		City or Town		County		State		Zip Code	
Location Address of Business (if different than above)		City or Town		County		State		Zip Code	

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

If Corporation: Date of Incorporation: \_\_\_\_\_

If Foreign Corporation: Date of Acceptance by Indiana Secretary of State: \_\_\_\_\_

If an Indiana corporation or a foreign corporation, give name and address of Resident Agent: \_\_\_\_\_

### Identification of Partners or Corporate Officers

Name (last name first)	Social Security Number	Address	City	State	Zip Code	Title

Reason License Needed (Answer Yes or No):		
New Business:	Purchase of Existing Business:	Lease of Existing Business:
From Whom Was Business Purchased or Leased?		
Reinstatement of Old License:		
Does Applicant Presently Hold a Cigarette Tax License? _____ License Number: _____		
Has Applicant Previously Held a Cigarette Tax License? _____ License Number: _____		
Does Applicant Presently Hold an Indiana Registered Retail Merchants Certificate? _____ Certificate Number: _____		
Does Applicant Presently Hold Any Other Licenses or Permits Issued by any State Agency?		
STATE AGENCY	TYPE OF LICENSE OR PERMIT	NUMBER

Audit Information:	
Location Where Records Will Be Available For Audit:	
Phone Number of Location Of Audit Records:	—       —
Phone Number of Business Location:	—       —
Indicate Address of Each Location In Which You Have Other Tobacco Products in Storage	
<b>Location</b>	<b>OTP License Number</b>

Indicate Name, Address, Phone Number and Estimated Annual Purchases from Whom You Currently Purchase and/or Expect to Purchase Other Tobacco Products: (A Computer Generated List Which Includes All Requested Information Will Be Accepted)

Supplier's Name	Address	Phone Number	Estimated Annual Purchases
		TOTAL:	

If Necessary Attach Additional List.

Does Your Company Expect to Sell Other Tobacco Products Into Another State?\_\_\_\_\_

List States: \_\_\_\_\_

\_\_\_\_\_

Today's Date

I declare under penalties of perjury that the information contained in this application and any attachments is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_

Signature of Taxpayer or Authorized Agent, Title

\_\_\_\_\_

Telephone Number